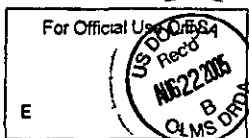


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10539</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>MIKE P RODRIGUEZ</u> P O Box Bldg Room No if any Street <u>2918 N WEST AVENUE</u> City <u>FRESNO</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>93705-3999</u>	4 Name file number and address of labor organization Name <u>UFCW LOCAL UNION 45D</u> Labor Organization File Number <u>008-472</u> P O Box Building and Room Number if any Street <u>2918 N WEST AVENUE</u> City <u>FRESNO</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>93705-3999</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.) In some cases, I have provided reasonable estimates in good faith. I will file an amended Form LM-30 for 2004 if more complete information becomes available.	
Signed <u>[Signature]</u>	On <u>Aug 15-05</u> Date <u>559-226-5045</u> Telephone Number

Name of Person Filing <b>MIKE P RODRIGUEZ</b>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any)  Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN</b>  Trade Name if any  P O Box Bldg Room No if any <b>P O BOX 9800</b>  Street <b>770 E SHAW AVENUE, STE 200</b>  City <b>FRESNO</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>93720-7708</b>	<b>9</b> Business deals with  <input checked="" type="checkbox"/> <b>a</b> Labor Organization  <input type="checkbox"/> <b>b</b> Trust  <input type="checkbox"/> <b>c</b> Employer
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<b>10</b> If 9 b or 9 c is checked give trust or employer's name  Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN</b>  Trade Name if any  P O Box Bldg Room No if any <b>P O BOX 9800</b>  Street <b>770 E SHAW AVENUE, STE 200</b>  City <b>FRESNO</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>93720-7708</b>	<b>11 a</b> Nature of such dealing  <b>PENSION CONTRIBUTION REQUIRED BY CBA</b>  <hr/> <b>11 b</b> Approximate dollar value of such dealing <b>\$1,095,598 00</b>  <b>12 a</b> Nature of interest held or income received Reimb expenses for Travel & Lodging <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2/04/04 TRUSTEE MTG 1/29&amp;30/04</td> <td style="width: 40%; text-align: right;">\$206 19</td> </tr> <tr> <td>5/06/04 TRUSTEE MTG 4/29&amp;30/04</td> <td style="text-align: right;">\$215 34</td> </tr> <tr> <td>8/11/04 TRUSTEE MTG 7/29&amp;30/04</td> <td style="text-align: right;">\$277 75</td> </tr> <tr> <td>8/31/04 IFEBP 11/2004</td> <td style="text-align: right;">\$1795 00</td> </tr> <tr> <td>11/29/04 TRUSTEE MTG 11/18&amp;19/04</td> <td style="text-align: right;">\$211 85</td> </tr> <tr> <td>12/14/04 IFEBP 11/2004</td> <td style="text-align: right;">\$265 30</td> </tr> </table>	2/04/04 TRUSTEE MTG 1/29&30/04	\$206 19	5/06/04 TRUSTEE MTG 4/29&30/04	\$215 34	8/11/04 TRUSTEE MTG 7/29&30/04	\$277 75	8/31/04 IFEBP 11/2004	\$1795 00	11/29/04 TRUSTEE MTG 11/18&19/04	\$211 85	12/14/04 IFEBP 11/2004	\$265 30
2/04/04 TRUSTEE MTG 1/29&30/04	\$206 19												
5/06/04 TRUSTEE MTG 4/29&30/04	\$215 34												
8/11/04 TRUSTEE MTG 7/29&30/04	\$277 75												
8/31/04 IFEBP 11/2004	\$1795 00												
11/29/04 TRUSTEE MTG 11/18&19/04	\$211 85												
12/14/04 IFEBP 11/2004	\$265 30												
<b>12 b</b> Amount <b>\$2,971 43</b>													

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>14 a</b> Nature of payment          
<b>13 b</b> Is the Business an Employer or Consultant ?	<b>14 b</b> Amount of payment

Name of Person Filing <b>MIKE P RODRIGUEZ</b>		File Number <b>U</b>
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name <b>McMORGAN &amp; COMPANY</b>  Trade Name if any _____  P O Box Bldg Room No if any _____  Street <b>ONE BUSH STREET, STE 800</b>  City <b>SAN FRANCISCO</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>94104-4425</b>	9 Business deals with  <input checked="" type="checkbox"/> a Labor Organization  <input checked="" type="checkbox"/> b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name <b>CALIFORNIA WINERY WORKERS PENSION PLAN</b>  Trade Name if any _____  P O Box Bldg Room No if any <b>P O BOX 9800</b>  Street <b>770 E. SHAW AVENUE</b>  City <b>FRESNO</b>  State <b>CALIFORNIA</b> ZIP Code + 4 <b>93710-7708</b>	11 a Nature of such dealing  <div style="text-align: center;"><b>INVESTMENT SERVICES TO PENSION PLAN</b></div>  <hr/> 11 b Approximate dollar value of such dealing <b>\$788,617 00</b>  12 a Nature of interest held or income received  <div style="text-align: center;"> <b>1/29/04 HOSTED DINNER - VALUE OF SUCH DEALING IS UNKNOWN</b>  <b>11/18/04 HOSTED DINNER - VALUE OF SUCH DEALING IS UNKNOWN</b> </div>  12 b Amount <b>UNKNOWN</b>	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14 a Nature of payment            
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing	MIKE P RODRIGUEZ	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name BENEFIT ADMINISTRATION CORPORATION</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 9800</p> <p>Street 770 E SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>X b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O BOX 9800</p> <p>Street 770 E SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>11 a Nature of such dealing</p> <p>ADMINISTRATIVE SERVICES TO PENSION PLAN</p> <p>11 b Approximate dollar value of such dealing \$227,693 95</p> <p>12 a Nature of interest held or income received</p> <p>12/1/04 IFEBP 11/2004 HOSTED DINNER</p> <p>VALUE OF SUCH DEALING IS UNKNOWN</p> <p>12 b Amount UNKNOWN</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing	MIKE P RODRIGUEZ	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name UNION BANK OF CALIFORNIA</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 475 SANSOME STREET, 12th FLOOR</p> <p>City SAN FRANCISCO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>X b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P O Box 9800</p> <p>Street 770 E SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>11 a Nature of such dealing</p> <p>BANKING &amp; CO-TRUSTEE SERVICES</p> <p>11 b Approximate dollar value of such dealing \$71,558 66</p> <p>12 a Nature of interest held or income received</p> <p>12/1/04 IFEBP 11/2004 HOSTED DINNER</p> <p>VALUE OF SUCH DEALING IS UNKNOWN</p> <p>12 b Amount UNKNOWN</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>